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**SUBSTITUTE HOUSE BILL 1242**

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**State of Washington 68th Legislature 2023 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Dent, Davis, Ortiz-Self, Doglio, Eslick, and Lekanoff)

AN ACT Relating to creating a behavioral health work group to study the root causes of rising behavioral health issues in Washington communities; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature finds that:

(1) There is an increased need for timely and affordable behavioral health services for children, youth, and adults. Planning is necessary across a broad range of policy areas including health care delivery, public health, long-term services and supports, economic and other social services, housing, workforce, both the K-12 and higher education systems, and the criminal justice system.

(2) This issue demands a reasoned and constructive discussion regarding the objectives of the state's behavioral health system, and a coordinated, coherent, actionable, and sustainable plan to achieve those objectives.

(3) In establishing the joint legislative executive committee on behavioral health, it is the intent of the legislature to ensure a strategic statewide approach to behavioral health services by providing a forum to conduct a systemic study of the current behavioral health landscape informed by the perspectives of individuals with actual and practical experience dealing with the behavioral health system; providing direction to the legislature in coordinating state and federal resources; and creating partnerships across complementary sectors for the development, implementation, and coordination of long-term strategies to ensure access to appropriate and affordable behavioral health care for all Washington residents.

NEW SECTION. **Sec.**  (1) A joint legislative executive committee on behavioral health is established, with members as provided in this subsection:

(a) The president of the senate shall appoint three legislative members, including a chair of a senate committee that includes behavioral health within its jurisdiction and a member of the children and youth behavioral health work group;

(b) The speaker of the house of representatives shall appoint three legislative members, including a chair of a house committee that includes behavioral health within its jurisdiction and a member of the children and youth behavioral health work group;

(c) The governor or his or her designee;

(d) The secretary of the department of social and health services or his or her designee;

(e) The director of the health care authority or his or her designee;

(f) The insurance commissioner or his or her designee;

(g) The superintendent of public instruction or his or her designee;

(h) The secretary of the department of health or his or her designee;

(i) The secretary of the department of corrections or his or her designee;

(j) The secretary of the department of children, youth, and families or his or her designee; and

(k) The director of the department of veterans affairs.

(2)(a) The joint legislative executive committee on behavioral health must be convened by September 1, 2023, and shall meet at least quarterly. Cochairs shall be selected by members of the committee at the first meeting.

(b) Legislative members of the joint legislative executive committee on behavioral health shall be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Except as provided under subsection (3)(a) of this section, any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(3) The joint legislative executive committee on behavioral health shall establish ad hoc technical advisory committees as appropriate to focus on specific topic areas and provide technical analysis and input needed to formulate system change. Technical analysis and input must center on the perspective of individuals with actual and practical experience dealing with the behavioral health system. Advisory committees must consist of at least three stakeholders and must be chaired by a member of the joint legislative executive committee on behavioral health. Stakeholders must include: Members with lived experience who have received behavioral health services in a variety of settings and circumstances throughout the behavioral health system; behavioral health service providers with experience providing behavioral health services in various settings, including crisis behavioral health services; representatives of higher education and professional boards; public health officials; county representatives; representatives of businesses; representatives of the managed care system; behavioral health administrative services organizations; state agencies; tribal representatives with experience providing or receiving behavioral health services from tribal health departments; representatives of the courts; members of the clergy; law enforcement who have training and experience dealing with individuals with behavioral health conditions or undergoing behavioral health crises; and behavioral health advocates.

(a) Members of an advisory committee established under this section with lived experience may receive a stipend of up to $200 per day if:

(i) The member participates in the meeting virtually or in person, even if only participating for one meeting and not on an ongoing basis; and

(ii) The member does not receive compensation, including paid leave, from the member's employer or contractor for participation in the meeting.

(b) Behavioral health treatment providers serving on an advisory committee may not represent, or be employed by, any organizations or interest groups representing the interests of health care providers or behavioral health stakeholders.

(c) For the purpose of this subsection, a member has lived experience when he or she has received behavioral health services or has a family member who has received behavioral health services.

(4) The joint legislative executive committee on behavioral health shall be informed by the past and existing work of behavioral health work groups, including the crisis response improvement strategy committee and the children and youth behavioral health work group.

(5) All meetings of the joint legislative executive committee on behavioral health and the advisory committees shall be open to the public.

(6) Subject to amounts appropriated specifically for this purpose, the office of financial management shall hire dedicated staff to facilitate and provide staff support to the joint legislative executive committee on behavioral health.

(7) The expenses of the joint legislative executive committee on behavioral health shall be paid jointly by the senate and the house of representatives. Expenditures are subject to approval by the senate facilities and operations committee and the house executive rules committee, or their successor committees.

NEW SECTION. **Sec.**  (1) The joint legislative executive committee on behavioral health shall conduct the following activities:

(a)(i) Establish a profile of Washington's current population and its behavioral health needs;

(ii) Establish an inventory of existing behavioral health services and supports for adults, children, and youth, including health care providers and facilities, taking into account projects which are planned and funded;

(iii) Assess the capacity shortages, gaps, and barriers in receiving or accessing behavioral health services, including inequities in service access, affordability, cultural responsiveness, linguistic responsiveness, gender responsiveness, and developmentally appropriate service availability where the additional support is needed for Washington's current population;

(iv) Establish a profile of Washington's expected population and evaluate anticipated need in 2028 and beyond; and

(v) Establish an anticipated inventory of future services and supports that will be required to meet the behavioral health needs of the population in 2028 and beyond;

(b) Evaluate the effectiveness of the integrated care initiative on access to timely and appropriate behavioral health services for individuals with acute behavioral health needs; reductions in hospitalization and institutionalization; improvements in community-based cases; and support for an effective and adequate network of community-based care providers for individuals with acute behavioral health needs;

(c) Evaluate current behavioral health care oversight and management of services and systems by state agencies;

(d) Explore the role the following systems have in the identification and treatment of behavioral health issues:

(i) The K-12 educational system;

(ii) The higher education system;

(iii) The affordable and supportive housing and homelessness response systems; and

(iv) The criminal justice system;

(e) Evaluate workforce demand and whether the current education, training, and continuing education requirements for professions working in the behavioral health field match the demand for service approaches; and

(f) Develop a strategy to prepare for the future demographic trends in the population and build the necessary capacity to meet these demands, including the identification of statutory and regulatory changes to promote the most efficient use of resources, such as simplifying administrative procedures, facilitating access to services and supports systems, and improving transitions between care settings.

(2) The joint legislative executive committee on behavioral health shall consult with the office of the insurance commissioner, the caseload forecast council, and other appropriate entities with specialized knowledge of the growing behavioral health needs. In the conduct of its business, the joint legislative executive committee on behavioral health shall have access to all health-related data available to state agencies by statute. The head of each agency shall provide the joint legislative executive committee on behavioral health with all requested data or other relevant information maintained by the agency in a timely and easy to comprehend manner.

NEW SECTION. **Sec.**  By December 1, 2025, the joint legislative executive committee on behavioral health shall submit a sustainable five-year plan to substantially improve access to behavioral health for all Washington residents to the governor, the office of financial management, and the legislature. The plan shall:

(1) Be based on explicit, measurable goals reflecting a realistic assessment of the current status of Washington's behavioral health system, the treatments and services to which all Washington residents should have access, and the financial and other resources available to provide these treatments and services;

(2) Identify the most significant factors contributing to the increased demand for behavioral health services;

(3) Include a list of strategies prioritized by their likelihood to cost-effectively address those factors and achieve the identified goals;

(4) Identify what must be done, by whom, and by when to assure implementation of each of the listed strategies, including any necessary changes in statute or administrative rule;

(5) Estimate the cost to the party responsible for implementing the listed strategies;

(6) Recommend fiscal strategies for approaches that are assessed to rely predominantly on state and federal funding to enable implementation;

(7) Recommend resources and strategies from any alternative funding sources;

(8) Build a foundation for subsequent long-term plans to assure ongoing access for all Washington residents to timely and affordable behavioral health care; and

(9) Incorporate and reconcile, where necessary, recommendations from the children and youth behavioral health work group strategic plan submitted pursuant to RCW 74.09.4951 and the crisis response improvement strategy committee recommendations submitted pursuant to RCW 71.24.892.

NEW SECTION. **Sec.**  If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2023, in the omnibus appropriations act, this act is null and void.

NEW SECTION. **Sec.**  This act expires June 30, 2026.

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